

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 142

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township San Carlos or Village _____

City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amelia Nasby { If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 12/15/28.
Month Day Year

8. FATHER
Full name Albert Nasby

14. MOTHER
Full maiden name Golosia ?

9. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

15. Residence (Usual place of abode) San Carlos, Ariz.
If non-resident, give place and state.

10. Color or race Apache
4/4 Indian 11. Age at last birthday 39 (Years)

16. Color or race Apache
4/4 Indian 17. Age at last birthday 36 (Years)

12. Birthplace (city or place) San Carlos, Ariz.
(State or country)

18. Birthplace (city or place) Bylas, Ariz.
(State or country)

13. Occupation
Nature of industry water pumper

19. Occupation
Nature of industry housewife

20. Number of children of this mother. (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 4
(b) Born alive but now dead 3
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 9 P. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer M.D.

(Physician or midwife).

Given name added from a supplemental report _____
Month, day, year

Address San Carlos, Ariz.

Filed _____, 19 C. H. Sawyer Registrar

Registrar

Registrar

158-1215-700